

Dear Dental Hygiene License Applicant:

Enclosed is an application for a license to practice dental hygiene within the State of Nebraska. Also enclosed are a jurisprudence examination and the laws regulating the practice of dental hygiene in the State of Nebraska. You may obtain a license to practice dental hygiene in two ways: (1) by examination based on successful completion of a written and practical examination; (2) by reciprocity based on licensure in another state.

In order to obtain a dental hygiene license by examination, you must successfully complete a clinical examination and the National Board examination. Nebraska will except scores from Central Regional Dental Testing Service (CRDTS), Western Regional Examining Boards (WREB) (**WREB examinations passed after January 1, 2000 will be accepted**), Southern Regional Testing Agency (SRTA) (**SRTA examinations passed after January 1, 2002 will be accepted**), North East Regional Board (NERB) (**NERB examinations passed after January 1, 2002 will be accepted**). Nebraska will accept results of the CRDTS examination for up to five (5) years from the date you passed the examination. WREB, SRTA, and NERB results will be accepted for a period of five (5) years from the date you passed the examination, only if the examination was taken after the above stated acceptance date. For examination contacts see the following: **Central Regional Dental Testing Services, Inc.**, Administrative Secretary, 1725 Gage Blvd, Topeka, KS 66604. Web site: www.crdts.org Phone # (785) 273-0380. **Western Regional Examining Boards**, Administrative Secretary, 9201 N 25th Ave., Ste. 185, Phoenix, AZ 85021. Web site: www.wreb.org Phone # (602) 944-3315. **Southern Regional Testing Agency, Inc.**, 4698 Honeygrove RD, Ste. 2, Virginia Beach, VA 23455. Web site: <http://www.sрта.org> Phone# (757) 318-9082. **North East Regional Board of Dental Examiners, Inc.**, 8484 Georgia Ave, Ste. 900, Silver Spring, MD 20910. Web site: <http://www.nerb.org> Phone # (301) 563-3300.

In order to obtain a dental hygiene license by reciprocity, you must hold a current license in another state, territory or the District of Columbia, which was issued on the basis of a written and practical examination. You must have been actively practicing with that license or in an accepted residency or graduate training program for at least three years, one of which must be within the three years immediately preceding the application for license by reciprocity. You may submit proof of employment by submitting a copy of your W-2's or a letter from your employer on their letter head, stating the begin and end date of employment and approximate number of hours worked per week. Please submit evidence of completion of 15 hours of continuing education that was earned during the 12-month period preceding your date of application.

PLEASE NOTE: As of October 15, 2002, reciprocity applicants are no longer required to appear before the Board of Dentistry for an oral examination.

Please contact the **National Board of Dental Examiners** at 312/440-2500 to request that your National Board scores be sent directly to the Credentialing Division or you can download a request form from their web site at http://www.ada.org/prof/ed/testing/natboard/form_transcript_natboard.pdf

In addition, you should request that a certified final transcript be sent from your approved dental hygiene program to the Credentialing Division. Transcripts marked "issued to student" will not be accepted. They must be sent directly from the college to the Credentialing Division. All applicants must request certification of any dental hygiene license you may have held to be sent directly to the Credentialing Division from that state board. Applicants who are applying by reciprocity will need to request that the state board in which you where first licensed as a dental hygienist include on the certification of licensure the name of the exam and the scores received in order to be granted a license in that state.

PLEASE MAKE CHECKS PAYABLE TO THE STATE OF NEBRASKA.

Please be advised that a minimum of 30 days may be required in order to verify all documents and obtain all clearances before actual licensure may take place. You must hold a license in the State of Nebraska **BEFORE** you may begin any dental hygiene practice.

OVER

LB 456 was passed during the 1991 legislative session, and it became effective September 6, 1991. One of the provisions of this bill is the creation of a program to assist licensees, certificate holders, and registrants in getting treatment for abusing alcohol and/or drugs which could cause them to practice while impaired due to alcohol or drug use. This program is to be funded by the addition of one dollar (\$1.00) per year to the current fee for each license issued or renewed. All applicants must pay the following fees for initial licensure. Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is \$101.00 by examination or by reciprocity. If the month falls in the unshaded area, the fee for initial licensure is \$102.00 by examination or by reciprocity.**

Nebraska statute allows applicants who are issued an initial license within 180-days of the biennial renewal date of March 1 of each odd-numbered year the option to prorate the initial licensure fee (\$26.00). The renewal fee of \$52.00 due on March 1 of each odd-numbered year would be required in order to keep the license active.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even												
Odd												

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the \$1 difference will be requested.

All dental hygiene licenses expire on March 1 of each odd-numbered year. In order to renew a dental hygiene license, the licensee must pay the \$52.00 renewal fee and be able to show proof of at 30 hours of acceptable continuing education seminars within the prior two-year period. Continuing competency waiver: If you received an initial license within the twenty-four (24) months immediately preceding the license renewal date you do not need to show proof of continuing competency. After that first renewal, you will need to accumulate 30 hours of acceptable continuing education for the next biennial renewal.

A duplicate license may be obtained at the time the initial license is issued. A \$10.00 fee is charged for each duplicate requested. Be sure and indicate if you want a duplicate of your small wallet size card or the large license.

Dental hygienists may apply for certification to administer local anesthesia. Requirements include: a current Nebraska dental hygiene license; successful completion of an approved local anesthesia course after July 1, 1994; a completed application; and a \$25.00 fee. The application and regulations outlining the process are enclosed.

Should you have any questions, please contact this office at 402/471-2118.

Sincerely,

Becky Wisell,
Section Administrator

Suzanne Tesina, Credentialing Specialist
Department of Health and Human Services
Regulation and Licensure
Credentialing Division

BW/st
Enclosures

This form may be completed online, printed and mailed to the address listed below.

State of Nebraska
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-2118

Fees:
Examination: \$100.00
Reciprocity: \$100.00
LAP Fee: \$2.00 (1st Yr after Rnwl)
\$1.00 (2nd Yr after Rnwl)

APPLICATION FOR LICENSE TO PRACTICE DENTAL HYGIENE

Please Print

1	Legal Name:	Last:	First:	Middle/Maiden:
2	Date of Birth:	(M/D/Y)	Place of Birth:	
	***You must attach a copy of your birth certificate, marriage license, driver's license or other valid verification of your age.			
3	Social Security Number			
4	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
5	Telephone Number:		E-mail/FAX Number: Optional	
6	Permanent Address:	Street/PO/Route:		
		City:	State:	Zip:
7	Name and Location of accredited dental hygiene college/school attended by applicant:			
	Name of College/University/School:			
	City:		State:	
8	Date of Graduation:	(Month/Day/Year)		
9	How are you applying for licensure? (Examination/Reciprocity)			

10	All applicants must answer the following questions either yes or no:			
A	Have you taken a practical examination? (answer yes or no)			
	<p>**CRDTS scores are accepted for up to 5 years from the date the examination was passed ** **WREB examinations passed after January 1, 2000 will be accepted** **SRTA examinations passed after January 1, 2002 will be accepted** **NERB examinations passed after January 1, 2002 will be accepted** WREB, SRTA, and NERB results will be accepted for a period of five (5) years from the date you passed the examination, only if the examination was taken after the above stated acceptance date.</p>			
	<input type="checkbox"/> CRDTS	<input type="checkbox"/> WREB	<input type="checkbox"/> SRTA	<input type="checkbox"/> NERB
	If yes, list locations and dates			
	Location		Dates	
	<p>If you took the NERB exam you will need to contact them and request that your scores be sent directly to this office. If you took a state exam, request that include in their certification of your license the requirements that you had to meet in order to receive a license in that state. You DO NOT need to request that the scores for CRDTS, WREB, or STRA be sent to our Department. Those regional exam scores are automatically sent to the Department. Scores from the regional exams will be accepted for a period of five years from the date the exam was passed.</p>			
	B	Have you ever failed on two occasions to pass a regional or state practical examination? (answer yes or no)		
If yes, list what regional or state examination, locations and dates				
Examination		Location	Dates	
C	Have you contacted the Joint Commission on National Dental Examinations to send your examination scores directly to the Department? (answer yes or no)			
D	Have you requested that a certified transcript showing graduation be sent directly from your college or school of dental hygiene to the Department (transcripts marked "issued to student" are unacceptable)? (answer yes or no)			
E	Have you ever been licensed as a dental hygienist in another state? (answer yes or no)			
	If yes, list all other states where you have been or are currently licensed, including license number, issuance date, and expiration date.			
	State	License #	Issue Date	Expiration Date
	A certification of licensure must be sent directly to our office from each state where you hold or have held a license to practice dental hygiene. The certification should include the name and address of the agency that issued the applicant's license to practice dental hygiene in another jurisdiction. It should also show the license number, issue date, expiration date, and any disciplinary information.			

10	F	Answer the following questions either yes or no: if yes, explain the circumstances and the outcomes on an additional sheet of paper:		
		1	Has any state or territory ever taken any of the following actions against your license?	
			Denied (answer yes or no)	
			Suspended (answer yes or no)	
			Revoked (answer yes or no)	
			Limited (answer yes or no)	
		2	Has any licensing or disciplinary authority ever taken any of the following actions against your license?	
			Limited (answer yes or no)	
			Suspended (answer yes or no)	
			Restricted (answer yes or no)	
			Revoked (answer yes or no)	
		3	Has any licensing or disciplinary authority placed your license on probation? (answer yes or no)	
		4	Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority? (answer yes or no)	
		5	Have you ever voluntarily limited in any way a license Issued to you by a licensing or disciplinary authority? (answer yes or no)	
		6	Have you ever been requested to appear before any licensing agency? (answer yes or no)	
		7	Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority? (answer yes or no)	
		8	Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence? (answer yes or no)	
9	During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition? (answer yes or no)			
10	During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder? (answer yes or no)			
11	Have you ever been convicted of a felony? (answer yes or no)			
12	Have you ever been convicted of a misdemeanor? (answer yes or no)			
13	Have you ever been notified of any malpractice claim against you? (answer yes or no)			

11	APPLICANTS APPLYING BY RECIPROCITY MUST COMPLETE THE FOLLOWING		
A	Answer the following questions either yes or no:		
1	Have you submitted proof that you have been actively engaged in the practice of dental hygiene for at least three (3) years? (answer yes or no) <i>You may submit proof of employment by submitting a copy of your W-2's or a letter from your employer/partner on their letterhead, stating the begin and end date of employment and approximate number of hours worked per week.</i>		
	Please provide location, address, and dates that you were actively engaged in the practice of dental hygiene.		
	Location	Address	Dates
2	Have you submitted proof that one of these years has been within the three (3) years immediately preceding the date of this application? (answer yes or no)		
3	Have you requested to have certification(s) of your dental hygiene license(s) sent to the State of Nebraska? (answer yes or no)		
4	Have you submitted evidence of completion of 15 hours of continuing education earned in the 12- month period preceding this application? (answer yes or no)		
All applicants must complete the following:			
Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 when evidence exists that a person has practiced prior to being issued a License.			
12	Have you actively practiced as a Dental Hygienist in Nebraska prior to being issued an active Dental Hygiene license? (answer yes or no)		
	If yes, how many days have you <i>actually practiced</i> Dental Hygiene in Nebraska prior to being issued a license?		
			Total Number of DAYS

ALL APPLICANTS MUST SIGN AND DATE APPLICATION

I, _____, being first duly sworn say that I am the person
(Print Name)

referred to on this application, that I am of good moral character and that the statements on the application are true and complete.

(Signature of Applicant)

(Month-Day-Year)

Rev. 3-21-05